



A State Agency Serving the People of Caroline County

Caroline County Health Department

Division of Environmental Health

Leland Spencer, M.D., MPH, Health Officer

Attilio Zarrella, Th.D., Deputy Health Officer

APPLICATION FOR WATER/SEWAGE VERIFICATION

DIRECTIONS: Per COMAR 26.04.02. OR 26.04.03), this application required for any/all improvements—changes on property. Please complete all requested information in boxes below, attach current fee, floor plan, site plan, and mail to address below. Please allow minimum of 30 days processing time.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. FEE, SITE PLAN, AND FLOOR PLAN MUST ACCOMPANY THIS APPLICATION

OWNER AND PROPERTY INFORMATION

First and Last Name _____

Mailing address (street or PO Box) _____

Mailing address: City, State, ZIP _____

Day Phone _____

Cell Phone _____

Owner's email _____

Secondary email _____

Property Location (911 Address) _____

Property Tax ID Number _____

TAX MAP -- BLOCK/GRID -- PARCEL -- LOT _____

SUB'D: _____

SITE PLAN REQUIRED

Stake proposed improvements and submit a scaled drawing (engineer scale to be 1"=40'; 50', 60' or 100'). Scaled drawing or "Site Plan" must show: proposed improvements and existing: property lines, buildings, residential and farm well(s), underground water lines, septic system(s), driveway(s), streams, ponds.

FLOOR PLAN REQUIRED

A floor plan is required for a proposal which alters interior spaces and for residential or commercial proposals which add space. Show existing and proposed floor plans. Also write in "Owner's Description of Proposal:" additional and proposed square footage, and number of bedrooms, if applicable.

PROJECT INFORMATION

- ☐ Accessory Dwelling Unit: _____ #units and & _____ bedrooms per/unit
- ☐ Accessory Structures (sheds, detached garages)
- ☐ Commercial Alteration
- ☐ Commercial Addition
- ☐ Commercial – Misc.
- ☐ Deck/Patio/Porch
- ☐ Demolition
- ☐ Driveway
- ☐ Farm Structure
- ☐ Home Occupation Use
- ☐ Lot Line Revision
- ☐ OTHER, (Such as Communications Tower, Sign, etc.; explain below)
- ☐ Pool (In-Ground)
- ☐ Pool (Above Ground)
- ☐ Residential Addition
- ☐ Residential Alteration
- ☐ Residential – Misc.
- ☐ Sidewalks
- ☐ Single Family Dwelling
- ☐ Special Use/Change of Use
- ☐ SRA Revision
- ☐ Subdivision Review (existing structures or SRA)
- ☐ Temporary Structure

OWNER'S DESCRIPTION OF PROPOSAL: (INCLUDE DIMENSIONS)

SQUARE FEET: Existing: _____ Addition/New: _____
BEDROOMS: Existing: _____ Addition/New: _____

OWNER'S CHECKLIST

- ☐ APPLICATION SIGNED AND DATED
- ☐ SITE PLAN ATTACHED
- ☐ FLOOR PLAN ATTACHED
- ☐ \$40 CHECK OR MONEY ORDER PAYABLE TO "CAROLINE COUNTY HEALTH DEPT."

X _____

OWNER'S SIGNATURE REQUIRED

DATE

IF YOU ARE NOT THE OWNER, THEN YOU MUST FILL OUT THE AUTHORIZATION FORM

H.D. USE ONLY: Date Rec'd: _____

Rec'd By: _____

Receipt#: _____

PT ID#: _____

CS: _____

() EMAIL

() MAIL

() PICK UP